


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90081 022 ***150.00

0038160

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
------------------------------------------------------------------	-----------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------

DOCUMENT # P96000092600

1. Corporation Name
UNITED ALARM, INC.



Principal Place of Business 1080 BARBARA AVE JAX FL 32207 US	Mailing Address 8834-14 GOODBY'S EXECUTIVE DR JACKSONVILLE FL 32217
--------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3519-2 East Copper Circle Suite, Apt. #, etc.		2a. Mailing Address 26 3519-2 E. Copper Cir. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 11/12/1996	
22 City & State 23 Jacksonville, FL Zip Country 24 32207 25 Duval		27 City & State 28 Jacksonville, FL Zip Country 29 32207 30 Duval		4. FEI Number 59-3414109	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WATSON, J. KELLY 8834-14 GOODBY'S EXECUTIVE DR JACKSONVILLE FL 32217	
----------------------------------------------------------------------------------------------------------------------------------------------------	--

10. Name and Address of New Registered Agent	
81 Name Russell S. Hinson	
82 Street Address (P.O. Box Number is Not Acceptable) 7820 Hunters Lake Cir. N.	
83	
84 City Jacksonville	85 Zip Code FL 32210

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *Russell S. Hinson* **Russell S. Hinson** 2/23/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD WATSON, J. KELLY 8834-14 GOODBY'S EXECUTIVE DR JACKSONVILLE FL 32217	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	President Russell S. Hinson 7820 Hunters Lake Cir. N. Jacksonville, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WATSON, CHARLES 4955 PALM VALLEY RD PONTE VEDRA BCH FL 32082	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	V.P. of Sales Carolyn M. Dixon 7261 St. Augustine Rd. Jacksonville, FL 32217
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	V.P. of Install John K. Watson 3270 Ricky Drive #2002 Jacksonville, FL 32223
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	V.P. Charles Watson 4955 Palm Valley Rd. Ponte Vedra Bch, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Russell S. Hinson* **Russell S. Hinson, President** 4/28/99 (904) 680-8880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)